

Lab 2: HTML Forms

Following is a medical form. Please create a html form and save it as **lab_2.html**. Basically, your results should look like the following picture:

The form is titled "Medical Form" and is styled with a blue border and Verdana font. It contains three main sections:

- Personal Information:** A table with 4 columns and 3 rows. The first row contains "First Name" (text input), "Gender" (radio buttons for Female and Male), and an empty cell. The second row contains "Last Name" (text input), "Nationality" (dropdown menu with "Canadian" selected), and an empty cell. The third row contains "Address" (text input) and an empty cell.
- Medical History:** A section with four checkboxes: Smallpox, Mumps, Dizziness, and Sneezing.
- Current Medication:** A section with a question "Are you currently taking any medication?" (radio buttons for Yes and No) and a text input field for the user to indicate the medication.

At the bottom of the form are two buttons: "Submit" and "Reset".

Instructions

1. Please enter the title as **Medical Form**. Please use tags: `<h1>` , bold, center-align text, font family `verdana` and font color `blue`.
2. Your HTML code should pass the validation.
3. The "Reset" button should work. When you click this reset button, it removes all the contents in your HTML form.
4. For the 3X4 table (three row, four cells), the third row only have two cells. Let the second cell of the third row cross three cells. (use `colspan` attribute)
5. Set the action attribute, for example, `action="process.php"`. We will learn PHP in later classes. The submit button is not supposed to work in this exercise. That is, you will not lose any marks if the submit button does not work.
6. Please enter personal information in the HTML `<head>` .

```
<!--
  Name:
    Matric No:
    Lab 2: HTML Forms
-->
```